

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 402115
APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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TOTAL IND.	12					
TOTAL DEP.	9					
TOTAL CLAIMS	21					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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